

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10-088014

FILING DATE

APPLICANT(S)

	CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					51				
2		/				52				
3			/			53				
4			/			54				
5			/			55				
6			/			56				
7			/			57				
8	/					58				
9	/					59				
10		/				60				
11		/				61				
12						62				
13						63				
14						64				
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38						88				
39						89				
40						90				
41						91				
42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
TOTAL IND.	3					TOTAL IND.				
TOTAL DEP.	8					TOTAL DEP.				
TOTAL CLAIMS	11					TOTAL CLAIMS				